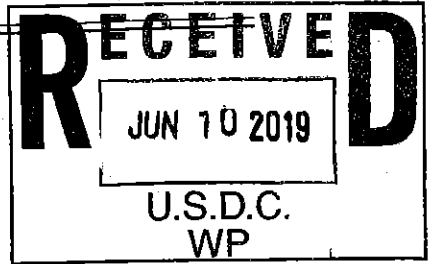


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK



Barry Unique Campbell

No. **19 cv 5431**

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

State of New York City

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

BARRY UNIQUE CAMPBELL  
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

BOBBY 3491900872  
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DM or NYSID) under which you were held)

Manhattan Detention Center  
Current Place of Detention

82 Hyper 3491900872  
Institutional Address

125 White Street 10007  
County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☐ Convicted and sentenced prisoner  
☐ Other: \_\_\_\_\_

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

JOHN DOE  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 AVE C 7 street present  
 County, City State Zip Code

Defendant 2:

JOHN DOE  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 AVE C 7 street present

Defendant 3:

New York New York 10456  
 County, City State Zip Code  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)

Defendant 4:

Current Work Address  
 County, City State Zip Code  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Walgreens 14 Street

Date(s) of occurrence: February 5 2019

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I Barry Campbell Was falsely Arrested at Walgreens I was Charge with petit Larceny And later the Case was Dismissed on May 17 2019 I was with all my friends And we were all falsely Arrested All I'm Asking for is to Be Compensated for the time I was incarcerated on this Charge they Also did Not Read Me my Miranda Rights Possession is 9/10 of the law however I did not possess Any items And they still Arrested me from the statement given to them By the Stores manager the store was under Surveillance it Happend between 5:45 - 6:30 AM

Slip And fell Substantal Back injuries  
SPIT Neck pain Right Knee High Rised Pateller  
Ligament Disorder

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I Hurt My self a few times  
Different times And places Doc  
gave Me a Knee Brace And a Cane  
for Support

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Well Ima make And a philospher  
I Missed a lot of work Because  
of this Charge And I would like  
At least 15000,00 to take Care  
of Any Bills when I was Detained

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFR application.

5/23/19  
 Dated Barry Campbell  
 Plaintiff's Signature  
Barry unique Campbell  
 First Name Middle Initial Last Name

Prison Address  
125 White street 10007  
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

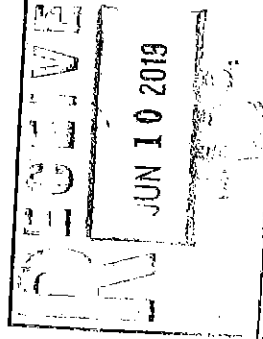
5/23/19

349,900872  
Barney Campbell  
NDC 125 white street  
10007



Se intake unite

300 Pearl Street New York, NY 10007  
300 Quarcopas Street White Plains, NY 10600



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